U.S. Department of Labor Office of Labor Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

	For Official USOOMING
	(AUG182005)
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1 File Number U - 985

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

01/01/04 Through 12/31/04

15/05 401-418 0103
Telephone Number

3 Name and address of person filing	4 Name, file number, and address of labor organization				
Name Dennis Mello	Name TEAMSTERS LOCAL 251				
,	Labor Organization File Number				
PO Box, Bidg Room No , if any	P O Box, Building and Room Number, if any 03054				
Street 121 Brightridge Ave	street 121 Brightnidge Ave				
City EAST Providence	City EAST Prividence				
State RT ZIP Code + 4 02914	State RI ZIP Code + 4 02914				
5 Position in labor organization					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income				
Name					
Trade Name, if any					
P O Box, Bldg , Room No , if any	7 b Amount.				
Street					
City					
State ZIP Code + 4					
Signature					

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Name of Pason Filing Dennis Mello	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name CoiA + Lepone L+D Trade Name, if any PO Box Bldg, Room No, if any Street 226 S. Main ST City Prod State RI ZIP Code + 4 02903 10 If 9 b or 9 c is checked give trust or employer's name Name Tramsters Local 251 HSIP Trade Name, if any PO Box Bldg Room No, if any Street 1201 Elmwood Ave City Providence State RI ZIP Code + 4 2907	9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing Provides Legille			
12 b Amount (50.				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box Bldg Room No , if any				
Street				

14 b Amount of payment

ZIP Code + 4

or Consultant

7

13 b is the Business an Employer

City

State